

APR 27 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9127

1. PLACE OF DEATH

County Peru
 Township Shells
 City Caruthersville (No. _____) St. _____ Ward _____

Registration District No. 657
 Primary Registration District No. 4388

File No. _____
 Registered No. 33
 St. _____ Ward _____

2. FULL NAME

Betty Dean Lef
 (a) Residence. No. 306 12 St St. 3 Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Her Dean Lef

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

About 80

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

Tom Jackson
 Caruthersville, Mo.

15.

FILED

Apr. 1, 1927

Ada Martin

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

3 / 18 1927

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 3-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown

162

Died without medical aid

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

Old age

(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. B. Lef
 Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mason Cem.

3 / 20 1927

20. UNDERTAKER

ADDRESS

W. B. Lef
 Caruthersville, Mo.

3-20-27

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

